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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA				
10	VINCENTLEE ROSENBALD				
11	Plaintiff, Plaintiff, 321				
12	VS. EDMUND G. BROWN PRISONER'S				
13	THOMAS ALLMAN  ED FOULK  APPLICATION TO PROCEED  IN FORMA PAUPERIS				
14	PEOPLEOFTHE STATE Defendant. ) 28 U.S.C. 1915(9)				
15 16	I, VINCON L. ROSENBAM, declare, under penalty of perjury that I am the				
17	plaintiff in the above entitled case and that the information I offer throughout this application				
18	is true and correct. I offer this application in support of my request to proceed without being				
19	required to prepay the full amount of fees, costs or give security. I state that because of my				
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am				
21	entitled to relief.				
22	In support of this application, I provide the following information:				
23	1. Are you presently employed? Yes \ No				
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the				
25	name and address of your employer:				
26	Gross: ABOUT \$ 20 week Net: ABOUT \$20 week				
27	Employer: WAPA STATE HOSPITAL				
28	2100 NAPA VALLEJO HIGHWAY NAPA, CASUSS				

1	If the answer is "no," state the date of last employment and the amount of the gross and net									
2	salary and wages per month which you received. (If you are imprisoned, specify the last									
3	place of employment prior to imprisonment.)									
4										
5	-	· ·								
6										
7	2. Have	Have you received, within the past twelve (12) months, any money from any of the								
8	following so	following sources:								
9	a.	Business, Profession or	Yes No							
10		self employment	Yes No							
11	b.	Income from stocks, bonds,	Yes No							
12		or royalties?								
13	c.	Rent payments?	Yes No Yes No							
14	d.	Pensions, annuities, or	Yes No							
15		life insurance payments?								
16	e.	Federal or State welfare payments,	Yes No							
17		Social Security or other govern-								
18		ment source?								
19	If the answe	er is "yes" to any of the above, describe	each source of money and state the amount							
20	received fro	•	1.0							
21		MONTH HOSPITAL OU	elfare							
22	32,5	AUTHOR HOUSE PC								
23	3. Are	you married?	Yes No							
24	1 1	11 Name:								
25	Spouse's Pla	ace of Employment:	·							
26	Spouse's Monthly Salary, Wages or Income:									
27	Gross \$	Net \$								
28	4. a.	List amount you contribute to your	spouse's support:\$							
	1									

## ALL ESTIMATES

1	b. List the persons other than your spouse who are dependent upon you for				
2	support and indicate how much you contribute toward their support. (NOTE:				
3	For minor children, list only their initials and ages. DO NOT INCLUDE				
4	THEIR NAMES.).				
5	NONE AT PRESENT OUE to illegal imprison ment				
6	NONE AT PRESENT ONE to illegal imprison ment				
7	5. Do you own or are you buying a home? Yes No				
8	Estimated Market Value: \$ Amount of Mortgage: \$				
9	6. Do you own an automobile? (Z) Yes 1 No				
10	Make SUBARU Year 1992, 1993 Model Legacy				
11	Is it financed? Yes No If so, Total due: \$				
12	Monthly Payment: \$				
13	7. Do you have a bank account? Yes No (Do not include account numbers.)				
14	Name(s) and address(es) of bank:				
15					
16	Present balance(s): \$				
17	Do you own any cash? Yes No Amount: \$ ABOUT \$ 20				
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated				
19	market value.) Yes V No				
20	Personal property Estimated \$15,000.00				
21	8. What are your monthly expenses?				
22	Rent: \$ Utilities:				
23	Food: \$ Clothing:				
24	Charge Accounts:				
25	Name of Account Monthly Payment Total Owed on This Acct.				
26	\$\$				
27	\$\$				
28	\$\$				

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9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_\_\_ No

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

SIGNATURE OF APPLICANT

- 4 -

Case Number: CERTIFICATE OF FUNDS IN PRISONER'S ACCOUNT I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Vincent Rosenbalm for the last six months where (s)he is confined. [name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 29.77 and the average balance in the prisoner's account each month for the most recent 6-month period was \$\_O.O. Dated: 4-4-08 

Document 2

Filed 07/03/2008

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Case 3:08-cv-03213-SI

CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

4/4/2008 7:54:35AM

## NAPA STATE HOSPITAL TRUST ACCOUNT / CASHIERS' SYSTEM II

Page 1 of 1

Patient Ledger Report

2069375 ROSENBALM, VINCENT

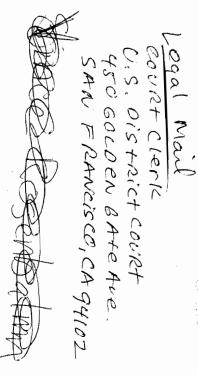
	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
2	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
3	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
4	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
5	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
6	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
7	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
8	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
9	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
10	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
11	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
12	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
13	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
14	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00
15	03/20/2008	17-75749	PP P/E 3/21/08	PP P/E 3/21/08		\$75.33	\$75.33
16	03/24/2008	13-155495	Cash Disbursement	cl v728	\$12.50		\$62.83
17	04/01/2008	13-155540	Cash Disbursement	CL V750	\$45.00		\$17.83

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